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GENERAL HEADQUARTERS
SUPREME COMMANDER FOR THE ALLIED POWERS
Public Health and Welfare Section

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WEEKLY BULLETIN

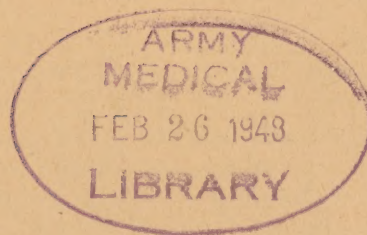
For Period

1 February - 7 February

1948

Number 58

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SECTION I

GENERAL

Technical Bulletins

The following Public Health and Welfare Technical Bulletin is enclosed with this Weekly Bulletin.

Title: The Child Welfare Law

Short Title: TB PH WEL 11

SECTION II

WELFARE

Japan School of Social Work

Informal reports submitted by the Japan School of Social Work indicate they have received a total of 256 inquiries concerning the School during the past few months. A total of 43 inquiries were received from women. (Note: these are inquiries and not applications for admission to the School). The largest number of inquiries, 45, were received from Tokyo Prefecture. Other prefectures from which a rather large number of inquiries have been received are Shizuoka, 36; Saitama, 16; Hokkaido, 14; Nagano, 13. Very few inquiries were received from Kyushu, Shikoku and Chugoku areas which are some distance from Tokyo. The School is anxious to receive applications from qualified personnel.

Some confusion has arisen concerning the requirements to enter the one-year graduate course. In order to be eligible for this course, the applicant must have completed university or college or have had at least three years' experience in welfare work. Since it is hoped that a high level of work can be maintained for this one-year course, it is desired that students be secured who have sufficient academic background or work experience.

Reappointment of Minsei-iin

In accordance with the provisions of Article 64, Child Welfare Law, all Minsei-iin must be reappointed prior to 31 March. Instructions have been issued by the Ministry of Welfare to the prefectural governors setting forth the policy and procedure to be followed in this reappointment. (Hatshu-sha, No. 17 dated 6 February 1948). A translation of these instructions is being sent out as an inclosure #1 to this Weekly Bulletin.

The plan for reappointment of Minsei-iin is basically the same as the existing plan; that is, the machinery for appointment remains the same. It is desired however, that the reappointment of Minsei-iin will secure a group of persons who are better qualified to do this work than is evidenced in current appointments. Various studies of the work of Minsei-iin have been made by Military Government Teams and submitted to PH&W Section, SCAP either as a special report or as a part of the regular Monthly Activity Report. These special studies have been used in connection with conferences, studies and analysis by and with the Ministry of Welfare in an attempt to work out a more effective basis of operation. Additional plans have been developed under which the Minsei-iin will be provided more adequate supervision. Because of financial limitations and lack of properly trained personnel it is obvious, however, that the Minsei-iin will continue to be responsible for many important phases of welfare administration. The total number of Minsei-iin in any one prefecture is decided by the prefectural authorities and not by the Ministry of Welfare. It is expected, however, that in the reappointment of Minsei-iin, the total current number will not be increased, with the plan that in the future, greater reliance can be placed upon full-time employees.

Attention is called to TB - PH - WEL 7, subject: "Minsei-iin", issued in November 1947, which sets forth information concerning the history and operations

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of Minsei-iin. Translations of the Minsei-iin Ordinance and related ministerial directives are included as inclosures to this Technical Bulletin. It is suggested that this Bulletin be used to secure additional information concerning Minsei-iin.

The problem of reappointment of Minsei-iin has been discussed with representatives of Military Government Section, Eighth Army, and it has been agreed that during the period 16 February - 1 April 1947, Welfare Officers of Military Government Teams should give particular consideration to this matter. Since the appointment of qualified Minsei-iin is important in the administration of the Family Life Security Act, Child Welfare Law and other welfare programs, it is suggested that consideration be given to the following matters: (1) Organization and membership of the prefectural Minsei-iin selection committee; (2) Organization and membership of the Minsei-iin nomination committees, particularly in the cities; (3) The total number of Minsei-iin needed in the prefecture and in each of the governmental subdivisions of the prefecture; (4) The basis of calculating the number of Minsei-iin needed in any particular prefecture.

Attention is called to the statement in the Japanese instructions (Inclosure #1) that the nomination committee should understand that when suitable candidates are not found they should leave the quota partially filled until they are able to find suitable persons to nominate.

Salary of Child Welfare Officials

Inquiry has been made concerning the amount of salary to be paid Child Welfare officials. The following explanation has been provided by the Children's Bureau, Ministry of Welfare.

Child welfare officials receive the salaries of second class public officials as prescribed in the Cabinet Order, Article 9 of Child Welfare Law. The salary for the second class official is, according to Public Officials Compensation Ordinance, ¥1,150 per month (base regulated by the Government) to which is added ¥790 (temporary additional pay); ¥474 (addition to the temporary additional pay); temporary family allowance (¥150 per person) and additional pay for "work location" (30% of the total base pay, temporary additional pay and its addition and temporary family allowance). All additional pay, other than the base, are paid by the prefecture out of money contributed by Local Apportionment Tax Law.

For example, the pay of a child welfare official in Tokyo Metropolis is computed as follows:

Base	¥ 1,150
Temporary addition	790
Addition of the above (60% of ¥790)	474
Temporary family allowance (for 2 persons)	300
Addition for work location (30% - 1,150 - 790 - 474 - 300)	<u>814</u>
Total (sum to be paid worker)	¥ 3,528

The example is in accordance with the condition of December 1947 and changes may be expected.

Remarks: (1) The temporary additional pay is determined according to the base pay, and for ¥1,150 base it is ¥790. (2) The percentages for the addition for work location varies according to: (a) Location of public office is in the special area - 30%; (b) Wards of Tokyo Metropolis, Kyoto, Osaka, Yokohama, Kobe, Nagoya and others similar to them - 20%; (c) Areas other than the above (a) and (b) are set by the Finance Minister.

Monthly Public Assistance Report - December

The Ministry of Welfare has submitted the following public assistance totals for the month of December. Other figures are shown for purposes of comparison.

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Dec. 1947

Nov. 1947

Dec. 1946

No. of Persons in Institutions	138,623	138,596	
No. of persons in Non-Institutional	<u>2,702,650</u>	<u>2,582,720</u>	
Total	2,841,273	2,721,316	2,837,207
Assistance in Cash*	¥399,638,024	366,094,622	
Assistance in Kind	<u>39,704,857</u>	<u>50,782,811</u>	
Total	¥439,342,881	¥416,877,433	¥206,121,565

*Total reflects totals previous to deduction for assistance repayments.

PUBLIC ASSISTANCE
(December 1947)

Prefecture	Institutional	Non-Institutional	Assistance in Kind	Assistance in Cash
Hokkaido	14,689	63,298	¥2,118,560	¥20,379,651
Aomori	1,758	37,408	6,603	6,036,383
Iwate	385	44,296	80,359	6,049,406
Miyagi	1,470	50,522	429,949	5,021,052
Akita	1,191	52,712	58,240	8,048,218
Yamagata	1,259	43,936	43,528	6,351,899
Fukushima	929	59,361	18,773	8,543,696
Ibaraki	1,433	50,294	7,176,046	5,178,314
Tochigi	613	27,016	4,554	4,942,698
Gumma	4,070	62,432	331,882	7,452,033
Saitama	1,164	47,254	148,715	7,991,909
Chiba	3,170	40,517	18,771	6,737,977
Tokyo	18,517	564,133	14,850,635	41,878,880
Kanagawa	4,972	44,238		13,149,411
Niigata	12,069	77,373	722,333	8,653,635
Toyama	1,082	32,053	5,115	5,410,815
Ishikawa	1,127	33,677	253,539	6,117,894
Fukui	835	23,351	493,268	3,719,141
Yamanashi	391	23,274		4,074,672
Nagano	2,407	62,982	137,692	10,644,156
Gifu	1,664	46,907	2,083,093	7,358,560
Shizuoka	4,995	53,841	1,747,345	9,594,775
Aichi	5,299	83,375	397,138	14,168,443
Mie	787	37,524	236,083	6,521,883
Shiga	634	30,016		3,509,117
Kyoto	3,074	60,443	2,025,201	13,415,411
Osaka	8,706	85,151	21,534	26,545,706
Hyogo	6,679	118,273	533,474	21,252,307
Nara	574	24,008	81,499	4,432,481
Wakayama	276	32,101	95,112	5,975,546
Tottori	506	20,082	59,259	3,511,779
Shimane	921	29,553		4,474,818
Okayama	2,799	43,729	12,658	7,613,100
Hiroshima	2,269	54,431	261,164	10,308,740
Yamaguchi	8,857	35,382	6,982	7,200,501
Tokushima	1,728	31,247	419,393	4,636,599
Kagawa	1,351	28,024	1,570,619	3,848,507
Ehime	724	38,150		6,516,931
Kochi	588	22,328	63,657	4,057,679
Fukuoka	2,641	108,705	692,033	12,913,408
Saga	2,049	45,818	840,458	4,732,070
Nagasaki	1,315	43,739	375,966	7,881,481
Kumamoto	2,117	43,591	231,431	7,013,142
Oita	1,527	23,883	737,850	3,618,004
Miyazaki	1,055	35,525	276,383	4,446,462
Kagoshima	<u>1,957</u>	<u>86,697</u>	<u>37,963</u>	<u>7,541,901</u>
Total	138,623	2,702,650	¥ 39,704,857	¥399,471,191

* Total assistance in cash reflects deductions for repayments to the government for assistance granted.

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Supplementary Food Ration for Purchase by Foreign Nationals.

The Japanese Government (General Affairs Section, Ministry of Agriculture and Forestry) has issued instructions to all Prefectural Governors dated 22 January 1948 to make available to all Foreign Nationals either the "A" or "B" ration and to eliminate the "C" ration, effective 1 February.

These instructions are the plan for implementation of SCAPIN-1841 AG 430. (9 Jan 48)PH subject: "Ration for United Nations' Nationals, Neutral and Enemy Nationals and Stateless Persons".

Nothing in the directive mentioned above will be construed:

(a) To change the food ration for Korean Nationals who have elected to remain in Japan and receive the same ration as Japanese Nationals..

(b) To affect instructions issued to Occupation Force personnel prohibiting or restricting purchase of foodstuffs indigenous to Japan.

Persons of Japanese descent who claim nationality of an allied or neutral country and who have not received their Certificate of Registry from their respective diplomatic or consular representative will receive the same ration as Japanese Nationals.

Only those persons who are certified by Missions or Diplomatic Representatives are entitled to the ration. Those countries that have no mission or diplomatic representatives are certified by the Diplomatic Section, SCAP.

Community Chest (National Interdependence Campaign)

As of 6 February all 42 prefectures participating in the Community Chest fund drive have made complete or partial reports. These reports reflect that ¥526,792,000 has been raised towards the National goal of ¥681,500,000 or 77.3% of quota.

The following sixteen prefectures have reached or exceeded their quotas:

Hokkaido	Aomori	Nara	Wakayama
Akita	Okayama	Niigata	Hiroshima
Toyama	Kagawa	Gifu	Saga
Kyoto	Miyazaki	Osaka	Kagoshima

SECTION III

NURSING AFFAIRS DIVISION

Refresher course that is being sponsored by the Ministry of Welfare and the National Nurses Association will be held from 1 March - 24 April instead of three months as had been planned. The course will be held in the Red Cross Hospital, Tokyo and will be supervised by Nursing Education staff of Demonstration School. Notices have been sent to the Prefectures giving details regarding expense, travel and qualifications of the nurses to be sent. Only 50 nurses can be accommodated in this course; therefore the schools that will become Class A this year will have first choice of sending nursing instructors.

The required number of nurses for the U. S. Army hospital program have been obtained and the cooperation of the Military Government Teams is much appreciated.

Conferences have been held regarding the school of nursing that is to open in Okayama. This school will be a three year clinical nurse program. The refresher course to be given in the same school will be to assist the graduate nurses in raising standards and prepare them for teaching. Details of the plans for these two programs will follow later.

The recruiting program that was held in To-kyo-To High Schools has been completed and had a very good response. Twenty-four high schools were visited and the picture "Lady of Science" was shown.

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SECTION IV

VETERINARY AFFAIRS DIVISION

Weekly Animal Disease Report

The Ministry of Agriculture and Forestry reports the following outbreak of diseases for the period 31 January to 6 February.

<u>Prefecture</u>	<u>Disease</u>	<u>No. of Cases</u>
Kumamoto	Blackleg	1
Chiba	Swine plague	3
Kumamoto	Anthrax	2

SECTION V

SUPPLY DIVISION

Narcotics

Japanese narcotic agents, after one week's search, arrested one of the two Korean physicians who purchased large quantities of narcotics under fraudulent circumstances.

The Ministry of Welfare is advising prefectural narcotic agents to require complete identification of registrants or their representatives before delivering official order forms for the purchase of narcotics. Recent investigations have revealed several instances in which addicts, principally nurses, have obtained official order forms, forged the signature of a registrant, and purchased narcotics

Distribution

Sprayers for use in insect and rodent control were shipped to six prefectures during the period 25 - 31 January. A total of 1,890 sprayers were distributed, as listed below. No IIT dusters were shipped in this period.

<u>Prefecture</u>	<u>Knapsack Sprayer</u>	<u>Semiautomatic Sprayer</u>	<u>Hand Sprayer</u>
Hokkaido	504	0	1,008
Aomori	60	0	0
Miyagi	180	0	0
Akita	0	18	36
Hiroshima	12	0	12
Ehime	<u>60</u>	<u>0</u>	<u>0</u>
Total	816	18	1,056

Production

Concerted efforts of the Drug Manufacturing Section, Ministry of Welfare, Japanese Government, toward the production of high quality essential medicines of improved standards have resulted in the establishment of the following standards for the production of sulfa drugs.

Nomenclature of Essential Sulfa Drugs

Sulfamine	Sulfaguandine
Acetosulfamine	Sulfadiazine
Sulfathiazole	Sulfamethyldiazine
Sulfamethylthiazole	Homosulfamine
Sulfapyridine	

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Unit Standards

A. Tablet

0.5 gms.

B. Injection

Acetosulfamine	10%	5 cc
	30%	5 cc
	30%	10 cc
Sulfathiazole	10%	5 cc
	10%	10 cc
Sulfamethylthiazole	10%	5 cc
	10%	10 cc

The above standards have been approved by the Japan Pharmacoposia Investigation Committee. Ministry of Welfare has sent out official letters to disseminate this information to all prefectural governors, drug manufacturers, and physicians.

Distribution of IIT products during the year 1947 totaled 4,047,315 lbs. of 10% IIT Dust and 899,754 gallons of 5% IIT Residual Effect Spray.

The following is a detailed breakdown of the distribution during 1947 to prefectures and various governmental departments.

<u>Prefecture or Department</u>	<u>10% IIT Dust</u>	<u>5% IIT Spray</u>
Hokkaido	188,965 Lbs.	47,365 Gallons
Aomori	50,800 "	6,985 "
Iwate	70,150 "	14,350 "
Niyagi	93,935 "	21,440 "
Akita	89,600 "	16,840 "
Yamagata	20,810 "	3,810 "
Fukushima	32,313 "	10,615 "
Ibaraki	32,680 "	11,855 "
Tochigi	100,400 "	8,600 "
Gumma	54,400 "	17,655 "
Saitama	123,900 "	36,165 "
Chiba	62,655 "	2,160 "
Tokyo	240,200 "	78,615 "
Kanagawa	265,090 "	36,000 "
Niigata	110,635 "	18,045 "
Yamanashi	5,475 "	7,370 "
Nagano	50,260 "	3,765 "
Gifu	77,030 "	6,620 "
Shizuoka	37,400 "	9,950 "
Aichi	220,000 "	9,730 "
Mie	30,000 "	10,620 "
Toyama	30,000 "	9,080 "
Ishikawa	20,940 "	3,575 "
Fukui	2,380 "	4,565 "
Shiga	2,000 "	825 "
Kyoto	43,800 "	42,090 "
Osaka	374,700 "	58,180 "
Hyogo	99,510 "	14,910 "
Nara	35,250 "	315 "
Wakayama	12,748 "	3,210 "
Tottori	12,000 "	5,450 "
Shimane	176,900 "	5,455 "
Okayama	13,870 "	1,325 "
Hiroshima	74,660 "	9,535 "
Yamaguchi	135,177 "	3,520 "
Tokushima	29,900 "	4,730 "
Kagawa	132,050 "	20,835 "
Ehime	27,000 "	9,215 "
Kochi	17,050 "	1,000 "

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<u>Prefecture or Department</u>	<u>10% DDT Dust</u>	<u>5% DDT Spray</u>	
Fukuoka	150,400 Lbs.	20,230	Gallons
Saga	89,610 "	8,450	"
Nagasaki	51,000 "	15,815	"
Kumamoto	31,600 "	8,450	"
Oita	24,000 "	10,095	"
Miyazaki	20,000 "	6,180	"
Kagoshima	21,855 "	3,610	"
Ministry of Agriculture & Forestry	53,645 "	1,805	"
Ministry of Justice	95,527 "	42,450	"
Ministry of Communications	9,000 "		
Ministry of Welfare	27,267 "	1,384	"
Guarantine Station:			
Hakodate	63,715 "	6,400	"
Yokohama	1,700 "	400	"
Yokosuka	120 "	430	"
Maezuru	88,551 "	2,850	"
Kobe	1,700 "	400	"
Nagoya	1,400 "	300	"
Ujina	23,532 "	340	"
Moji	1,900 "	600	"
Hakata	2,035 "		
Nagasaki	1,400 "	300	"
Sasebo	44,880 "	2,260	"
Ministry of Transportation:			
Main Office	8,830 "	300	"
Tokyo Railway Department	1,550 "	38,700	"
Nagoya "	1,000 "	22,450	"
Osaka "	1,200 "	30,350	"
Hiroshima "	760 "	15,300	"
Moji "	1,000 "	22,850	"
Shikoku "	240 "	6,100	"
Niigata "	760 "	15,700	"
Sendai "	760 "	15,450	"
Sapporo "	1,000 "	22,800	"
Imperial Household	1,000 "	20	"
Ministry of Labor	3,300 "		
Export	25,000 "		
Other Miscellaneous		205	"
Losses in transit and deterioration	445 "	410	"
Total	4,047,315 Lbs.	899,754	Gallons

SECTION VI

PREVENTIVE MEDICINE DIVISION

Typhoid Immunization Program

Progress reports on the Typhoid Immunization Program indicate that approximately 33,000,000 individuals have received the full course of inoculations. This is slightly more than half of those falling within the age group 5-60 years. The action taken by Military Government officers as indicated by Military Government Monthly Activities Reports was very encouraging. However, the objective of the program has not yet been obtained. Therefore, Military Government Health Officers should continue to exert every possible effort to complete the Immunization Programs as soon as possible. The new infectious disease law now in process of passage will include this vaccination as a required immunization.

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Venereal Disease Control

Public Health and Welfare Technical Bulletin (TB PH Prov. Med. 4) entitled, "The Principles of Venereal Disease Control" was translated into Japanese and distributed to the prefectures by the Ministry of Welfare in December 1947. It should be brought to the attention of all Japanese Health Officers and that there is a gross error in the translation of the treatment schedule for syphilis on page 21 of the Japanese copy. The ditto marks under the mapharsen column should have been omitted from the 26th week on to the 40th week. In this 40 week schedule mapharsen should be discontinued after the 25th week, instead of continuing on to the 40th week as indicated by the ditto marks.

In the "Outline of Technical Standards and Procedures in the Diagnosis and Treatment of the Venereal Diseases" (November 1945) the 24 week schedule was presented. The essential difference between the two schedules is that 10 additional bismuth injections are given in the 40 week schedule while prolonging the treatment by 16 weeks. Although the 40 week schedule gives a longer course of treatment, the 24 week schedule is considered adequate for the average early and latent cases of syphilis. In view of the fact that case-holding is very difficult in Japan and that the great majority of patients do not receive complete treatment, it would seem advisable to give preference to the shorter 24 week schedule. At the recent conference of Regional Military Government Health Officers at Yokohama the 24 week schedule was outlined by this office as the method of choice for the routine treatment of early and latent syphilis.

Model Health Centers

In connection with the Health Center Law (Law No. 101), it is desired that reorganization and improvement of Health Centers be accomplished as rapidly as possible. In order to insure the accomplishment of this objective Public Health and Welfare Section, SCAP has worked very closely with the Ministry of Welfare in the establishment of a Model Health Center in Tokyo and the demonstration of its functions to Military Government Health Officers and Key Japanese Public Health personnel. Plans are progressing and when the Health Center has been properly organized, staffed, and is functioning smoothly, invitations will be extended to Military Health Officers to come to Tokyo and witness the demonstration of the Model Health Center's activities. After the Military Government have witnessed the demonstration at least two prefectural health officials from each prefecture will come to Tokyo for the same purpose.

It is expected that the Health Center will be demonstrated to the first group beginning on or about 10 March. After witnessing the demonstration, the officials from each prefecture are expected to establish a similar model Health Center in each prefecture and demonstrate its functions to appropriate public health personnel in each prefecture. Following this, each prefecture is expected to reorganize and improve Health Centers along the lines outlined in the demonstration. This is a long range program which will require coordinated efforts of both the Public Health Officials and the people in order to achieve a high degree of success.

SECTION VII

MEDICAL SERVICE

Japanese Civilian Hospital Strength Report for week ending 16 January shows 3,409 hospitals with a capacity of 212,280 beds of which 87,196 were occupied. During this same period 248,980 out-patients were treated.

SECTION VIII

SOCIAL SECURITY DIVISION

Insurance Bureau Submits Budget Estimates for the Fiscal Year 1948-49

Hearings were held on the estimates submitted to SCAP showing a total request of roundly ¥1,700,000,000 for appropriations to the Insurance Bureau in the

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coming fiscal year, beginning 1 April. This total does not include allowances payable to government workers. When these are added the total may reach ¥2,200,000,000. These totals amount to three and four times respectively the amount appropriated this year.

The increase is due to the following causes:

1. Higher cost of services and supplies.

2. Increases in personnel due partly to new functions added by recent legislation (referees and appeals procedure in all social insurance programs, new unemployment insurance and allowance programs for seamen).

3. The attempt to obtain reimbursement from the government of a higher share of the cost of administering Health Insurance, thus making the distribution of government funds between the several compulsory programs more nearly equitable.

4. Increased efforts to counter the disintegration of the National Health Insurance system apparent over the past two years through added subsidies to this program covering on a voluntary basis more people than all the compulsory programs combined. (See below for further details).

National Health Insurance

The Insurance Bureau of the Ministry of Welfare reports that more than 3,500 villages and towns which have had National Health Insurance associations are now in definite need of clinics to provide adequate medical care to the population in their respective areas. This situation prompted the inclusion in the current budget request for the ensuing year of a substantial amount for the purpose of establishing clinics for National Health Insurance. It constitutes the largest single item in the Insurance Bureau's budget estimates. The present program calls for 1,000 clinics each year for the next three years in an effort to overcome the difficulties in providing adequate medical care. Each prefecture is making a further survey regarding the need for additional hospitals under the National Health Insurance program.

Conferences have been held with government officials and representatives of the medical associations in an endeavor to arrive at a mutually acceptable solution regarding the fee-for-service (unit) rate at which medical services shall be paid for by the National Health Insurance Associations. As previously stated, the rates for National Health Insurance will not increase in any case until 1 April. In the current negotiations stress is laid on the doctors' participation in the operation of National Health Insurance to enlist their cooperation to the greatest possible degree on the national level, in the prefectures, and locally. Further studies are to be made with a view to improving the system of paying doctors who purvey medical care under all social insurance programs providing therefor.

SECTION IX

MEMORANDA TO JAPANESE GOVERNMENT

None.

Crawford F. Sams
CRAWFORD F. SAMs
Colonel, Medical Corps
Chief

- 3 Incls: 1. Reappointment of Minsci-iin.
2. Summary Report of Cases and Deaths from Communicable Diseases in Japan, week ending 31 January 1948.
3. Summary Report of Cases and Deaths from Communicable Diseases in Japan, 5 week period ending 31 January 1948.

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Instructions
Reappointment of Minsei-iin

HATSU-SHA NO. 17

6 February 1948

TO: . The Prefectural Governor

FROM: Vice-Minister of Welfare

SUBJECT: Reappointment of Minsei-iin

You are aware that by the provisions of Article 64, Par. 1 of the Child Welfare Law the term of office of the present Minsei-iin will be regarded as expiring on 31 March, 1948, and that on 1 April, 1948, Minsei-iin must be newly reappointed throughout the country. Your attention is called to the fact that the purpose of the general reappointment of Minsei-iin as provided in the Child Welfare Law is to choose Minsei-iin who are also capable of enhancing child welfare such as consultation service, giving necessary advice, etc. on the protection, health and other matters related to welfare of children and expectant mothers, as child welfare workers, to work in-cooperation with child welfare officials under the Child Welfare Law. Article 64, par. 2 of the Child Welfare Law clearly states and emphasizes this point.

Most of the present Minsei-iin were appointed in December 1946. Since it was shortly after the enforcement of the Minsei-iin Ordinance, the selection of Minsei-iin might have been conducted more or less mechanically, before the purpose of the legislation had been fully understood. As the number of destitute persons increased with the difficult times, it has become the immediate task of the Minsei-iin to aid needy persons. Here again, we find that some of the Minsei-iin who have been appointed are not suitable for this kind of work. For these reasons, reports have been received that some Minsei-iin were not suitable for the post, etc. It is therefore necessary to dismiss such Minsei-iin at this time, and choose only the best, who are qualified for the work, as may be judged from past experience since the enforcement of the ordinance, so that we shall be able to meet the need of the society along lines of protection and guidance work.

You are advised to conduct the reappointment of Minsei-iin, bearing in mind the points listed below:

(It may be added that at the time of the conference of the prefectural welfare department chiefs held in Tokyo on 23 and 24 December, 1947, it was indicated that a Minsei-iin bill was expected to be introduced in the Diet before long, and that it was not yet certain whether the reappointment of Minsei-iin would be conducted under the new Law or under the present Minsei-iin Ordinance. You were advised, however, that preparations should be made with both of the possibilities in mind. As things stand at present, it is likely that the new legislation on Minsei-iin will take some time, and it would be practically impossible to reappoint Minsei-iin under the new Law, taking into account the fixed date for reappointment. Our policy at present is to reappoint Minsei-iin under a partial revision of the present Minsei-iin Ordinance, embodying the spirit of the proposed legislation as far as possible. You are advised to prepare for the reappointment of Minsei-iin with this in mind.)

1. The Nomination Committee. (Minsei-iin Suisen-iin Kai)

(1) The composition of the nomination committee will determine whether qualified Minsei-iin will be appointed or not. You are advised to re-examine the present members of this committee, and to discharge those who are not suitable, and take other necessary measures. You are further advised to obtain additional members from among the members of the city, town or village council, those who are learned and experienced in the subject, and those who are related with social work (including those concerned with child welfare), who will be suitable as the members of this committee, after the head of city, town or village has secured the opinion of the city, town or village council (including the council of special ward).

It would be especially appropriate to include the representatives of local child welfare agencies, in view of the purpose of the reappointment.

(2) You are advised to furnish to each member of this committee full information on essentials, duties and requirements of the Minsei-iin, as well as the

the purpose of the present reappointment, in good time, and take all necessary measures to ensure that the members of this committee will not make any mistake in nominating Minsei-iin candidates.

(3) In nominating Minsei-iin candidates, the nomination committee will choose the persons* falling under items listed below. These items will be used to re-examine present Minsei-iin, and suitable candidates should be added:

a) Those who have fine personality and outlook, who are versed in the actual condition of the society, and who are earnestly interested in the enhancement of social welfare.

b) Those who are earnestly interested in the execution of the Daily Life Security Law and in aid and protection of the needy, and who are able to put considerable time in the business related to these.

c) Those who are capable of offering consultation service, perform investigation and give necessary advice on protection, health and other matters related with children and expectant mothers, and who are able to put efforts into the enhancement of their welfare.

d) Those who are capable of dealing with cases scientifically and efficiently.

(4) The nomination committee will exclude from nomination those falling under the following items:

a) Those who find it difficult to execute the duties of Minsei-iin either from preoccupation in their own business or because of old age or infirmity.

b) Those whose behavior indicated, or is likely to indicate that they are not suitable to be Minsei-iin.

(5) You are advised to call the attention of the nomination committee not to make nominations merely to fill the quota including those who are not suitable when suitable candidates are not found. The members of this committee should have a clear understanding that when suitable candidates are not found to fill the quota, they should wait till suitable persons are found and nominate these as they become available, or to leave the quota partially filled.

(6) It is pointed out that especially at this time it is important to increase the number of women Minsei-iin in view of various circumstances. Women are less affected than men by the economic changes, and are deeply concerned with the welfare of children and mothers. Your endeavours are expected in adding more qualified women as Minsei-iin as well as on the nomination committee.

(7) Heretofore, for Minsei-iin under the category of specialities, some have been appointed merely for being women, physicians, midwives, representatives of repatriates, etc., without fully understanding the purpose of having specialized Minsei-iin. Some of these Minsei-iin have been criticized as inactive or as having acted for the interest of the groups they represent, etc. In reappointing Minsei-iin under this category, you are advised to see to it that the selection will be made from those persons who are able to offer specialized services in health problems, vocational guidance, law consultation service, etc., and not to conduct it mechanically.

2. The Selection Committee. (Minsei-iin Senko-iin Kai)

(1) You are advised to re-examine the members of the selection committee and take necessary measures similar to those listed under paragraph 1 (1) above.

(2) When the candidates recommended by the nomination committee include persons who may be judged as not suitable as Minsei-iin, you are advised to order a partial new recommendation by consulting the opinion of the selection committee, or take other measures, and do your best to obtain most suitable candidates.

When you have ordered a partial new recommendation, the appointment will be conducted under two separate procedures, one for those who passed the selection.

and the other for those newly recommended, so that the major body of Minsei-iin will have been appointed not later than 1 April, 1948.

(3) It would be appropriate to include in this committee representatives of the prefectural child welfare board.

3. The Procedure of Appointment.

(1) In order to appoint new Minsei-iin by 1 April, 1948, you are advised to make preparations so that the recommendation will reach prefectural office on or about 15 March, 1948. You will lose no time to clarify the purpose of the present reappointment to the public officials and other persons concerned.

(2) You are advised to prepare means to notify the appointment of new Minsei-iin within the day of the appointment. On and after 1 April, 1948, there should be no delay in aiding of the needy and to various other matters concerned, either because of the ambiguity of appointment or the lack of knowledge of duties on the part of the new Minsei-iin.

(3) You may follow the provisions in paragraph (3) of the Welfare Ministry Instruction, SHA-HATSU NO. 705, dated 19 September, 1946, concerning other procedures of appointment of Minsei-iin not listed above.

DIGEST OF WEEKLY REPORT OF COMMUNICABLE DISEASES IN JAPAN
FOR THE WEEK ENDING 31 JANUARY 1948

Communicable disease cases* reported for the week ending 31 January totalled 11,129 compared with totals of 10,051 and 11,596 in the two preceding weeks. The completeness of reporting continued to be unsatisfactory, six prefectures (Aomori, Shiga, Shimane, Yamaguchi, Tokushima, and Oita) failed to submit reports on most acute communicable diseases. Sixteen prefectures did not report the incidence of malaria. Eight prefectures omitted reports for whooping cough, measles, tuberculosis, pneumonia and influenza. These prefectures were Aomori, Shimane, Tokushima, Oita, Miyagi, Niigata, Kyoto, and Okayama.

More than 90 percent of the total cases reported were attributed to tuberculosis (5,324), pneumonia (3,521), whooping cough (729), measles (670) and influenza (78). The current and cumulative case rates per 100,000 population per annum for these diseases were: tuberculosis, 556.5 and 285.9 respectively; pneumonia, 235.7 and 233.7; whooping cough, 48.8 and 48.6; measles, 44.9 and 45.3; and influenza, 5.2 and 6.3. As expected in the winter period, increases were recorded over the preceding week for all respiratory diseases as well as for measles.

The 12 acute communicable diseases discussed in the following paragraphs accounted for 807 cases and 74 deaths in the current week compared with 747 cases and 82 deaths in the preceding week. The over-all increase in cases was due primarily to recorded increases in diphtheria and epidemic meningitis. There was little significant change in the incidence of other acute communicable diseases except for typhoid fever which declined approximately 10 percent. The incidence of all acute communicable diseases was less than in the corresponding week of 1947, except scarlet fever which was about the same.

Diphtheria cases increased from 365 to 412 currently while deaths declined from 53 to 37. It is of interest to compare the incidence of 412 cases with that of the corresponding weeks in 1947 (754) and 1946 (1583). Diphtheria usually remains at a high level during the early part of the year. The current increase of 13 percent over the preceding week was still well below the peak established in the second week of the year. Most of the increase occurred in Hokkaido and northern and central Honshu. The cumulative number of diphtheria cases reported to date this year (2,065) was 42 percent less than the number (3,564) reported in the corresponding period of 1947. The current and cumulative case rates were 27.6 and 27.7 respectively. Corresponding death rates were 2.5 and 3.2.

Dysentery continued its usual low incidence level in the early part of the year. There were 35 cases and 5 deaths reported currently compared with 43 cases and 10 deaths last week.

In the fifth week of 1946 and 1947, there were reported 52 and 87 cases, respectively. The current and cumulative case rates were 2.3 and 1.9 respectively. Corresponding death rates were 0.3 and 0.5.

Typhoid fever cases declined 10 percent from 125 to 112 in the current week while deaths increased from 9 to 14. The incidence in cases this week was less than half that of the same period last year and only one-seventh of that in 1946. The current and cumulative case rates were 7.5 and 7.4 respectively. The current and cumulative death rates were 0.9 and 0.8 respectively.

There were 49 cases and 1 death reported for paratyphoid fever in the week ending 31 January compared with 43 cases and 3 deaths previously. In the fifth week of 1947, there were 57 cases and in the same period in 1946 the number of cases (110) was more than double the current figure. The current and cumulative case rates were 3.3 and 2.5 respectively. Both the current and cumulative death rates were 0.1.

There have been no cases of smallpox reported for 4 weeks and no deaths this year. The cumulative case rate was 0.03.

Typhus fever cases (26) remained the same as previously. There were 3 deaths currently compared with 1 last week. The current incidence of cases was strikingly low when compared with that of the same week in 1947 (42) and in 1946 (269), it was ten times as great. The current and cumulative case rates were 1.7 and 1.3 respectively. Corresponding death rates were 0.2 and 0.1.

Malaria cases have remained at about the same level for 3 weeks. There were 61 cases in the current week compared with 57 and 60 cases in the two previous weeks. No deaths have been reported this year. The current and cumulative case rates were 4.1 and 3.6 respectively.

Scarlet fever cases (65) also remained about the same as in the previous week (66). No deaths have been reported for 3 weeks. Compared to 1947 (63) the incidence was about the same, but it was considerably higher than the 1946 figure (42). The current and cumulative case rates were 4.4 and 3.8. The cumulative death rate was 0.03.

The numbers of epidemic meningitis cases (47) and deaths (14) were more than twice the numbers (22 cases and 6 deaths) reported in the previous week. The total number of cases reported so far this year (160) continued to be some what less than in 1947 (209). Although the current cases were distributed over 18 prefectures, approximately 40 percent of the total cases were concentrated in Hokkaido and Tokyo. The current and cumulative case rates were 3.1 and 2.1 respectively. Corresponding death rates were 0.9 and 0.5.

There continued to be no cases, no deaths reported for suspect Japanese "B" encephalitis, cholera, or plague.

The current and cumulative number of cases of syphilis were 4,483 and 15,332 respectively; for gonorrhea 3,747 and 17,699; for chancroid, 762 and 3,401. Somewhat fewer cases of gonorrhea and chancroid were reported currently than in the previous week (4,696 and 885 respectively) or in the corresponding week of 1947 (3,795) and 916 respectively). The number of syphilis cases, however, was higher than last week (3,907) as well as in the corresponding week of 1947 (2,279). The current and cumulative case rates for syphilis were 300.2 and 205.3 respectively; for gonorrhea, 250.9 and 237.0; for chancroid, 51.0 and 45.5.

* This report includes 17 communicable diseases. Of these, 12 are acute communicable diseases: diphtheria, dysentery, typhoid fever, para-typhoid fever, smallpox, typhus fever, malaria, cholera, scarlet fever, epidemic meningitis, Japanese "B" encephalitis and plague. The additional 5 reportable diseases included are measles, whooping cough, tuberculosis, pneumonia and influenza.

SUMMARY REPORT OF CASES AND DEATHS FROM
COMMUNICABLE DISEASES IN JAPAN

Week Ending 31 January 1948

PREFECTURE	DIPHTHERIA				DYSENTERY			
	Current		Cumulative		Current		Cumulative	
	Cases	Deaths	Cases	Deaths	Cases	Deaths	Cases	Deaths
HOKKAIDO	39	4	185	32	-	-	7	3
AOMORI	NR	NR	19	2	NR	NR	1	-
IWATE	18	4	48	*7	-	-	2	*1
MIYAGI	8	-	*54	1	-	-	*1	-
AKITA	16	2	78	8	-	-	1	-
YAMAGATA	8	-	32	*3	-	-	*18	*-
FUKUSHIMA	7	2	15	2	-	-	-	-
IBARAKI	10	-	30	-	-	-	3	1
TOCHIGI	8	1	49	6	-	-	3	-
GUMMA	15	1	44	7	3	1	*3	1
SAITAMA	20	1	47	3	-	-	2	-
CHIBA	1	-	13	-	-	-	-	-
TOKYO	21	3	107	12	9	2	24	7
KANAGAWA	14	3	54	8	2	-	8	5
NIIGATA	28	2	109	10	-	-	3	-
TOYAMA	3	-	13	3	-	-	1	-
ISHIKAWA	15	-	45	6	-	-	-	-
FUKUI	2	1	8	2	-	-	-	-
YAMANASHI	2	-	7	-	2	-	*2	-
NAGANO	13	-	*62	3	1	-	*7	-
GIFU	1	-	9	3	-	-	2	-
SHIZUOKA	5	-	35	6	2	1	4	1
AICHI	13	-	51	3	4	-	6	1
SHIZU	10	-	35	1	-	-	-	-
SHIGA	NR	NR	11	-	NR	NR	1	-
KYOTO	10	3	34	7	2	-	11	2
OSAKA	5	1	42	4	1	-	3	1
HYOGO	13	1	60	8	2	-	5	-
NARA	3	-	12	2	-	-	-	-
WAKAYAMA	2	-	13	-	1	-	2	2
TOTTORI	3	-	9	-	-	-	-	-
SHIMANE	NR	NR	*38	*6	NR	NR	-	-
OKAYAMA	3	-	33	2	-	-	1	-
HIROSHIMA	7	-	57	2	1	-	2	-
YAMAGUCHI	NR	NR	22	1	NR	NR	2	1
TOKUSHIMA	NR	NR	8	1	NR	NR	-	-
KAGAWA	3	1	8	2	-	-	2	2
EHIME	16	3	76	12	1	1	2	2
KOCHI	4	-	23	3	-	-	-	-
FUKUOKA	17	1	*127	*14	2	-	4	1
SAGA	22	1	*94	*7	-	-	2	1
NAGASAKI	14	1	72	9	1	-	5	-
FUKUOKA	2	-	25	1	-	-	1	-
OKITA	NR	NR	54	16	NR	NR	1	9
MIYAZAKI	7	-	*60	*5	-	-	1	-
KAGOSHIMA	4	1	38	6	1	-	1	-

TOTAL	412	37	*2065	*236	35	5	*144	*41
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RATE								
Current	27.6	2.5	27.7	3.2	2.3	0.3	1.9	0.5
Previous	24.4	3.5			2.9	0.7		

Rates per 100,000 per Annum, based upon census population 1 Oct 1947

* Cumulative figure adjusted for delayed and corrected reports.

Weekly Report -- 31 January 1948
Continued

PREFECTURE	TYPHOID				PARATYPHOID			
	Current		Cumulative		Current		Cumulative	
	Cases	Deaths	Cases	Deaths	Cases	Deaths	Cases	Deaths
HOKKAIDO	3	1	14	3	1	-	5	1
AOMORI	NR	NR	2	-	NR	NR	-	-
IVATE	-	-	2	-	-	-	-	-
IYAGI	-	-	*4	-	2	-	*3	-
AKITA	-	-	1	-	-	-	-	-
IAGATA	1	-	5	*1	-	-	1	-
FUKUSHIMA	-	-	15	*2	-	-	4	1
IBAFANI	2	1	15	2	-	-	1	-
TOCHIGI	-	1	6	2	1	-	3	-
GUMMA	1	-	*10	1	-	-	*3	-
SAITAMA	5	-	17	2	1	-	5	-
CHIBA	11	-	24	-	-	-	2	-
TOKYO	13	3	74	8	19	-	48	-
KANAGAWA	14	-	43	3	3	-	20	-
NIIGATA	5	-	22	-	3	-	10	1
TOYAMA	1	-	2	-	-	-	*1	*1
ISHIKAWA	-	-	1	-	1	-	2	-
FUKUI	1	-	5	1	-	-	-	-
YAMANASHI	-	-	*2	-	-	-	6	-
NAGANO	1	-	3	-	1	-	2	-
GIFU	6	2	35	4	1	-	7	-
SHIZUOKA	7	1	21	2	5	-	11	1
AICHI	3	-	20	-	-	-	9	-
RIE	4	-	19	1	3	-	6	-
SHIGA	NR	NR	3	1	NR	NR	2	-
KYOTO	4	-	13	1	1	-	2	-
OSARA	3	-	14	3	1	-	*2	-
HYOGO	1	1	18	3	-	-	1	-
NARA	2	-	4	-	-	-	-	-
WAKAYAMA	4	-	15	2	-	-	-	-
TOTTORI	1	-	5	-	-	-	1	1
SHIMANE	NR	NR	*7	-	NR	NR	1	-
OKAYAMA	2	-	*11	-	-	-	2	-
HIROSHIMA	3	-	17	1	1	-	4	-
YAMAGUCHI	NR	NR	1	-	NR	NR	*2	1
TOKUSHIMA	NR	NR	6	1	NR	NR	1	-
KAGAWA	1	1	7	2	-	1	-	1
EHIME	3	-	*8	1	1	-	5	-
KOCHI	1	-	10	2	-	-	2	-
FUKUOKA	2	1	*18	5	3	-	*8	-
SAGA	-	-	1	-	-	-	*1	-
NAGASAKI	3	1	12	3	-	-	-	-
KUMAMOTO	-	-	1	-	-	-	1	-
OITA	NR	NR	8	-	NR	NR	-	-
MIYAZAKI	4	1	*8	1	1	-	3	-
KAGOSHIMA	-	-	1	-	-	-	-	-
TOTAL	112	14	*553	58	49	1	*187	*8

RATE								
Current	7.5	0.9	7.4	0.8	3.3	0.1	2.5	0.1
Previous	8.4	0.6			2.9	0.2		

Rates per 100,000 per Annum, based upon census population 1 Oct 1947.

*Cumulative figure adjusted delayed and corrected reports.

Weekly Report - 31 January 1948
Continued

PREFECTURE	SMALLPOX				TYPHUS FEVER			
	Current		Cumulative		Current		Cumulative	
	Cases	Deaths	Cases	Deaths	Cases	Deaths	Cases	Deaths
HOKKAIDO	-	-	*2	-	2	2	*3	*3
AOMORI	NR	NR	-	-	NR	NR	3	-
IWATE	-	-	-	-	-	-	-	-
MIYAGI	-	-	-	-	-	-	-	-
AKITA	-	-	-	-	-	-	-	-
YAMAGATA	-	-	-	-	-	-	-	-
FUKUSHIMA	-	-	-	-	-	-	-	-
IBARA-KI	-	-	-	-	-	-	-	-
TOCHIGI	-	-	-	-	-	-	-	-
GUMMA	-	-	-	-	-	-	-	-
SAITAMA	-	-	-	-	1	-	2	-
CHIBA	-	-	-	-	-	-	1	-
TOKYO	-	-	-	-	6	-	29	1
KANAGAWA	-	-	-	-	1	-	5	1
NIIGATA	-	-	-	-	-	-	-	-
TOYAMA	-	-	-	-	-	-	2	-
ISHIKAWA	-	-	-	-	1	-	1	-
FUKUI	-	-	-	-	-	-	-	-
YAMANASHI	-	-	-	-	-	-	-	-
NAAGANO	-	-	-	-	-	-	-	-
GIFU	-	-	-	-	-	-	-	-
SHIZUOKA	-	-	-	-	-	-	-	-
AICHI	-	-	-	-	-	-	-	-
MIE	-	-	-	-	-	-	-	-
SHIGA	NR	NR	-	-	NR	NR	-	-
KYOTO	-	-	-	-	-	-	-	-
OSAKA	-	-	-	-	7	-	24	2
HYOGO	-	-	-	-	-	-	-	-
NERA	-	-	-	-	1	-	3	-
WAKAYAMA	-	-	-	-	-	-	-	-
TOTTORI	-	-	-	-	-	-	-	-
SHIMANE	NR	NR	-	-	NR	NR	*3	-
OKAYAMA	-	-	-	-	-	-	-	-
HIROSHIMA	-	-	-	-	1	-	5	-
YAMAGUCHI	NR	NR	-	-	NR	NR	-	-
TOKUSHIMA	NR	NR	-	-	NR	NR	-	-
KAGAWA	-	-	-	-	-	-	2	-
EHIME	-	-	-	-	-	-	-	-
KOCHI	-	-	-	-	-	-	-	-
FUKUOKA	-	-	-	-	-	-	-	-
SAGA	-	-	-	-	-	-	-	-
NAGASAKI	-	-	-	-	5	1	12	2
KUMAMOTO	-	-	-	-	1	-	1	-
OTTA	NR	NR	-	-	NR	NR	-	-
MIYAZAKI	-	-	-	-	-	-	-	-
KAGOSHIMA	-	-	-	-	-	-	-	-
TOTAL	0	0	*2	0	26	3	*96	*9
RATES								
Current	0.0	0.0	0.03	0.0	1.7	0.2	1.3	0.1
Previous	0.0	0.0			1.7	0.1		

Rates per 100,000 per annum, based upon census population 1 Oct 1947.

*Cumulative figure adjusted for delayed and corrected reports.

Weekly Report - 31 January 1948
Continued

PREFECTURE	MALARIA				CHOLERA			
	Current		Cumulative		Current		Cumulative	
	Cases	Deaths	Cases	Deaths	Cases	Deaths	Cases	Deaths
HOKKAIDO	2	-	6	-	-	-	-	-
AOMORI	NR	NR	4	-	NR	NR	-	-
IWATE	NR	NR	3	-	-	-	-	-
MIVAGI	NR	NR	*3	-	-	-	-	-
AKITA	NR	NR	2	-	NR	NR	-	-
YAMAGATA	1	-	1	-	-	-	-	-
FUKUSHIMA	1	-	3	-	-	-	-	-
IBARAKI	3	-	7	-	-	-	-	-
TOCHIGI	1	-	4	-	-	-	-	-
GUMMA	2	-	4	-	-	-	-	-
SAITAMA	-	-	1	-	-	-	-	-
CHIBA	-	-	1	-	-	-	-	-
TOKYO	4	-	19	-	-	-	-	-
KANAGAWA	4	-	16	-	-	-	-	-
NIIGATA	NR	NR	*4	-	-	-	-	-
TOYAMA	NR	NR	2	-	-	-	-	-
ISHIKAWA	1	-	2	-	-	-	-	-
FUKUI	-	-	-	-	-	-	-	-
YAMANASHI	NR	NR	-	-	-	-	-	-
NAGANO	NR	NR	-	-	-	-	-	-
GIFU	3	-	6	-	-	-	-	-
SHIZUOKA	-	-	2	-	-	-	-	-
AICHI	4	-	6	-	-	-	-	-
MIE	NR	NR	8	-	-	-	-	-
SHIGA	4	-	9	-	NR	NR	-	-
KYOTO	NR	NR	-	-	-	-	-	-
OSAKA	7	-	8	-	-	-	-	-
HYOGO	-	-	5	-	-	-	-	-
NARA	NR	NR	-	-	-	-	-	-
WAKAYAMA	2	-	3	-	-	-	-	-
TOTTORI	1	-	3	-	-	-	-	-
SHIMANE	NR	NR	2	-	NR	NR	-	-
OKAYAMA	NR	NR	*3	-	-	-	-	-
HIROSHIMA	-	-	4	-	-	-	-	-
YAMAGUCHI	2	-	27	-	NR	NR	-	-
TOKUSHIMA	1	-	4	-	NR	NR	-	-
KAGAWA	1	-	*3	-	-	-	-	-
EHIME	1	-	12	-	-	-	-	-
KOCHI	-	-	1	-	-	-	-	-
FUKUOKA	9	-	*39	-	-	-	-	-
SAGA	2	-	4	-	-	-	-	-
NAGASAKI	NR	NR	7	-	-	-	-	-
KUMAMOTO	2	-	3	-	-	-	-	-
OITA	NR	NR	17	-	NR	NR	-	-
MIZAZAKI	NR	NR	2	-	-	-	-	-
KAGOSHIMA	3	-	7	-	-	-	-	-
TOTAL	61	0	*267	0	0	0	0	0

RATE								
Current	4.1	0.0	3.6	0.0	0.0	0.0	0.0	0.0
Previous	3.8	0.0			0.0	0.0		

Rates per 100,000 per Annum

Rates based upon census population 1 October 1947

* Cumulative figure adjusted for delayed and corrected reports.

Weekly Report - 31 Jan 1948
Continued

PREFECTURE	SCARLET FEVER				EPIDEMIC MENINGITIS				JAP. B. ENCEPHALITIS (SUSPECTS)			
	Current		Cumulative		Current		Cumulative		Current		Cumulative	
	(C)	(D)	(C)	(D)	(C)	(D)	(C)	(D)	(C)	(D)	(C)	(D)
HOKKAIDO	25	-	94	-	10	-	*23	*3	-	-	-	-
AOMORI	NR	NR	2	-	NR	NR	4	1	NR	NR	-	-
IWATE	1	-	2	-	-	-	-	-	-	-	-	-
MIYAGI	-	-	*6	-	1	-	*9	-	-	-	-	-
AKITA	-	-	1	-	3	-	6	1	NR	NR	-	-
YAMAGATA	1	-	4	-	-	-	2	-	-	-	-	-
FUKUSHIMA	1	-	1	-	3	-	6	-	-	-	-	-
IBARAKI	2	-	3	-	1	-	3	-	-	-	-	-
TOCHIGI	-	-	-	-	-	-	-	-	-	-	-	-
GUMMA	-	-	2	-	2	1	3	2	-	-	-	-
SAITAMA	1	-	4	-	-	-	2	-	-	-	-	-
CHIBA	-	-	-	-	-	-	-	-	-	-	-	-
TOKYO	9	-	46	1	10	3	34	10	-	-	-	-
KANAGAWA	6	-	13	-	3	1	10	2	-	-	-	-
NIIGATA	-	-	1	-	-	1	5	2	-	-	-	-
TOYAMA	-	-	1	-	-	-	1	-	-	-	-	-
ISHIKAWA	-	-	-	-	-	-	1	1	-	-	-	-
FUKUI	-	-	-	-	-	-	-	-	-	-	-	-
YAMANASHI	-	-	1	-	-	-	-	-	-	-	-	-
NAGANO	-	-	*7	-	1	1	3	1	-	-	-	-
GIFU	-	-	4	-	1	-	1	-	-	-	-	-
SHIZUOKA	2	-	8	1	3	1	7	1	-	-	-	-
AICHI	5	-	24	-	1	1	2	1	-	-	-	-
MIE	1	-	5	-	-	-	-	-	-	-	-	-
SHIGA	NR	NR	1	-	NR	NR	-	-	NR	NR	-	-
KYOTO	1	-	9	-	1	-	6	3	-	-	-	-
OSAKA	4	-	14	-	3	1	6	1	-	-	-	-
HYOGO	-	-	4	-	1	3	*5	3	-	-	-	-
NARA	-	-	-	-	-	-	-	-	-	-	-	-
WAKAYAMA	1	-	2	-	-	-	1	-	-	-	-	-
TOTTORI	-	-	-	-	1	-	2	-	-	-	-	-
SHIMANE	NR	NR	1	-	NR	NR	-	-	NR	NR	-	-
OKAYAMA	-	-	*2	-	-	-	2	1	-	-	-	-
HIROSHIMA	1	-	6	-	-	-	1	-	-	-	-	-
YAMAGUCHI	NR	NR	-	-	NR	NR	-	-	NR	NR	-	-
TOHUSHIMA	NR	NR	1	-	NR	NR	-	-	NR	NR	-	-
KAGAWA	-	-	*2	-	-	-	1	-	-	-	-	-
EHIME	1	-	5	-	-	-	1	1	-	-	-	-
KOCHI	-	-	1	-	-	-	-	-	-	-	-	-
FUKUOKA	1	-	*4	-	-	-	*4	1	-	-	-	-
SAGA	-	-	-	-	-	-	1	-	-	-	-	-
NAGASAKI	-	-	1	-	-	-	1	-	-	-	-	-
KUMMOTO	-	-	1	-	1	1	3	1	-	-	-	-
OITA	NR	NR	1	-	NR	NR	-	-	NR	NR	-	-
MIYAZAKI	-	-	-	-	-	-	1	-	-	-	-	-
KAGOSHIMA	2	-	2	-	1	-	3	2	-	-	-	-

TOTAL	65	0	*286	2	47	14	*160	*38	0	0	0	0
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RATES

Current	4.4	0.0	3.8	0.03	3.1	0.9	2.1	0.5	0.0	0.0	0.0	0.0
Previous	4.4	0.0			1.5	0.4						

Rates per 100,000 per annum

Rates based upon census population 1 Oct 1947.

* Cumulative figure adjusted for delayed and corrected reports.

Weekly Report - 31 January 1948
Continued

PREFECTURE	MEASLES		WHOOPING COUGH		TUBERCULOSIS	
	Current Cases	Cumulative Cases	Current Cases	Cumulative Cases	Current Cases	Cumulative Cases
HOKKAIDO	36	179	51	202	480	1957
AOMORI	NR	38	NR	52	NR	295
IWATE	27	150	42	145	155	726
MIYAGI	NR	*179	NR	*60	NR	*409
AKITA	7	61	24	96	144	525
YAMAGATA	1	21	5	46	82	273
FUKUSHIMA	2	31	28	116	69	420
IBARAKI	10	52	25	69	83	363
TOCHIGI	11	35	24	130	77	305
GUMMA	29	54	-	109	83	265
SAITAMA	-	2	13	72	83	304
CHIBA	-	-	10	28	56	239
TOKYO	5	27	74	240	558	1768
KANAGAWA	1	11	28	233	244	944
NIIGATA	NR	*59	NR	*109	NR	*399
TOYAMA	8	*30	35	127	142	*369
ISHIKAWA	-	25	18	92	69	382
FUKUI	12	*91	5	*38	26	*100
YAMANASHI	8	16	40	80	108	216
NAGANO	24	115	18	107	114	547
GIFU	33	125	13	33	82	343
SHIZUOKA	15	46	11	71	138	519
AICHI	19	57	12	42	176	732
MIE	12	93	7	72	91	280
SHIGA	7	25	20	50	52	154
KYOTO	NR	*9	NR	*26	NR	*221
OSAKA	19	30	18	31	283	*1184
HYOGO	4	27	6	31	433	656
NARA	-	-	-	4	62	160
WAKAYAMA	3	24	2	40	41	150
TOTTORI	18	80	4	17	59	260
SHIMANE	NR	*37	NR	*83	NR	*251
OKAYAMA	NR	*32	NR	*46	NR	*123
HIROSHIMA	48	203	12	63	197	711
YAMAGUCHI	16	41	4	24	63	255
TOKUSHIMA	NR	65	NR	27	NR	201
KAGAWA	27	*68	2	*20	38	*169
EHIME	127	519	20	115	170	765
KOCHI	78	354	15	29	44	204
FUKUOKA	11	*55	72	*290	470	*1542
SAGA	4	21	33	87	87	301
NAGASAKI	12	57	15	75	88	383
YAMAMOTO	16	76	12	57	60	217
OITA	NR	27	NR	68	NR	257
MIYAZAKI	15	*43	-	*3	58	*272
KAGOSHIMA	5	90	11	72	59	234
TOTAL	670	*3380	729	*3627	5324	*21350

RATE						
Current	44.9	45.3	48.8	48.6	356.5	285.9
Previous	42.5		46.3		304.7	

Rates per 100,000 per Annum

Rates based upon Census Population 1 Oct 1947.

Deaths Not Available

* Cumulative figure adjusted for delayed and corrected reports.

Weekly Report - 31 January 1948
Continued

PREFECTURE	PNEUMONIA		INFLUENZA	
	Current Cases	Cumulative Cases	Current Cases	Cumulative Cases
HOKKAIDO	289	1281	4	* 23
AOMORI	NR	213	NR	4
IVATE	74	338	-	-
MIYACI	NR	* 426	NR	* 1
AKITA	43	268	-	-
YAMAGATA	33	182	-	-
FUKUSHIMA	80	537	-	-
IBARAKI	161	813	-	-
TOCHIGI	95	350	-	1
GUMMA	73	417	4	7
SAITAMA	85	273	-	-
CHIBA	35	101	-	-
TOKYO	219	687	2	16
KANAGAWA	108	673	11	17
NIIGATA	NR	* 232	NR	* 1
TOYAMA	121	* 343	4	* 9
ISHIKAWA	54	410	-	2
FUKUI	15	* 106	2	* 14
YAMANASHI	90	180	-	-
NAGANO	114	476	-	7
GIFU	152	644	-	2
SHIZUOKA	93	441	-	2
AICHI	113	591	8	10
RIE	113	408	-	-
SHIGA	69	* 232	-	* 1
KYOTO	NR	* 117	NR	-
OSAKA	180	* 423	4	* 15
HIOGO	27	203	-	* 2
HARA	20	103	-	1
WAKAYAMA	68	465	-	34
TOTTORI	33	133	-	* 3
SHIMANE	NR	* 444	NR	4
OKAYAMA	NR	* 122	NR	* 8
HIROSHIMA	105	438	7	38
YAMAGUCHI	66	265	-	1
TOKUSHIMA	NR	307	NR	10
KAGAWA	31	* 162	-	* 6
EHIME	171	823	17	94
KOCHI	70	340	-	-
FUKUOKA	210	* 661	15	* 93
SAGA	94	428	-	5
NAGASAKI	65	318	-	-
KUMAMOTO	73	246	-	3
OITA	NR	221	NR	* 35
MIYAZAKI	31	* 115	-	-
KAGOSHIMA	48	295	-	-
TOTAL	3521	* 17451	78	* 469

RATE

Current	235.7	233.7	5.2	6.3
Previous	225.8		3.7	

Rate per 100,000 per Annum, based upon census population 1 October 1947.

Deaths not available.

* Cumulative figure adjusted for delayed and corrected reports.

NUMBER OF CASES AND DEATHS OF COMMUNICABLE DISEASES
FOR COMPARABLE PERIOD, 1947 AND 1948

Diseases	Week Ending		Four Weeks Ending		Cumulative Number	
	31 Jan 1948	1 Feb 1947	31 Jan 1948	1 Feb 1947	for first 5 Weeks 1948	5 Weeks 1947
Cases						
Diphtheria	412	754	1856	3131	2065	3564
Dysentery	35	87	135	272	144	319
Typhoid	112	276	492	1169	553	1376
Paratyphoid	49	57	172	247	187	281
Smallpox	0	20	1	68	2	87
Typhus Fever	26	42	94	243	96	282
Malaria	61	148	238	704	267	783
Cholera	0	0	0	0	0	0
Scarlet Fever	65	63	271	230	286	245
Epidemic Meningitis	47	56	145	195	160	209
Jap. B. Encephalitis	0	0	0	1	0	1
(Suspect)						
Plague	0	0	0	0	0	0
Deaths						
Diphtheria	37	62	200	294	236	324
Dysentery	5	11	30	59	41	77
Typhoid	14	38	51	134	58	148
Paratyphoid	1	4	7	11	8	15
Smallpox	0	1	0	5	0	6
Typhus Fever	3	8	8	18	9	21
Malaria	0	0	0	0	0	1
Cholera	0	0	0	0	0	0
Scarlet Fever	0	2	1	3	2	3
Epidemic Meningitis	14	11	34	37	38	41
Jap. B. Encephalitis	0	0	0	1	0	2
(Suspect)						
Plague	0	0	0	0	0	0

CASE AND DEATH RATES OF COMMUNICABLE DISEASES
FOR COMPARABLE PERIODS, 1947 AND 1948

Diseases	Week Ending		Four Weeks Ending		Cumulative Number	
	31 Jan 1948	1 Feb 1947	31 Jan 1948	1 Feb 1947	for first 5 Weeks 1948	5 Weeks 1947
Case Rates						
Diphtheria	27.6	50.4	31.1	52.3	27.7	47.7
Dysentery	2.3	5.8	2.3	4.5	1.9	4.3
Typhoid	7.5	18.5	8.2	19.5	7.4	18.4
Paratyphoid	3.3	3.8	2.9	4.1	2.5	3.8
Smallpox	0.0	1.3	0.02	1.1	0.03	1.2
Typhus Fever	1.7	2.8	1.6	4.1	1.3	3.8
Malaria	4.1	9.9	4.0	11.8	3.6	10.5
Cholera	0.0	0.0	0.0	0.0	0.0	0.0
Scarlet Fever	4.4	4.2	4.5	3.8	3.8	3.3
Epidemic Meningitis	3.1	3.7	2.4	3.3	2.1	2.8
Jap. B. Encephalitis	0.0	0.0	0.0	0.02	0.0	0.01
(Suspect)						
Plague	0.0	0.0	0.0	0.0	0.0	0.0
Death Rates						
Diphtheria	2.5	4.1	3.3	4.9	3.2	4.3
Dysentery	0.3	0.7	0.5	1.0	0.5	1.0
Typhoid	0.9	2.5	0.9	2.2	0.8	2.0
Paratyphoid	0.1	0.3	0.1	0.2	0.1	0.2
Smallpox	0.0	0.1	0.0	0.1	0.0	0.1
Typhus Fever	0.2	0.5	0.1	0.3	0.1	0.3
Malaria	0.0	0.0	0.0	0.0	0.0	0.01
Cholera	0.0	0.0	0.0	0.0	0.0	0.0
Scarlet Fever	0.0	0.1	0.02	0.1	0.03	0.04
Epidemic Meningitis	0.9	0.7	0.6	0.6	0.5	0.5
Jap. B. Encephalitis	0.0	0.0	0.0	0.02	0.0	0.03
Plague	0.0	0.0	0.0	0.0	0.0	0.0

NA: Not Available.

Rates per 100,000 population per annum.

1947 Rates based upon estimated population 1 July 1947.

1948 Rates based upon census population 1 Oct 1947.

WEEKLY SUMMARY REPORT
OF
VENEREAL DISEASES IN JAPAN

WEEK ENDING - 31 January 1948

(C) Current Cases
(T) Total cases for year to date

PREFECTURE	CHANCROID		GONORRHEA		SYPHILIS	
	(C)	(T)	(C)	(T)	(C)	(T)
HOKKAIDO	13	95	188	869	78	440
AOMORI	NR	46	NR	275	NR	175
IWATE	11	*17	20	80	23	97
MIYAGI	NR	*48	NR	*162	NR	*99
AKITA	5	15	50	219	47	226
YAMAGATA	3	6	17	74	27	108
FUKUSHIMA	9	37	63	243	61	182
IBARAKI	15	44	46	235	58	239
TOCHIGI	16	55	51	239	86	287
GUMMA	6	12	39	190	32	196
SAITAMA	7	40	45	178	55	177
CHIBA	11	42	92	281	87	384
TOKYO	56	191	289	1157	625	1696
KANAGAWA	58	278	284	1263	204	822
NIIGATA	13	*52	58	*252	849	*1006
TOYAMA	9	33	4	257	47	*276
ISHIKAWA	10	51	53	254	34	145
FUKUI	4	16	22	126	36	116
YAMANASHI	6	18	61	186	36	111
NAGANO	8	*40	225	*718	191	*552
GIFU	3	43	81	283	34	140
SHIZUOKA	9	35	98	255	63	242
AICHI	83	361	290	1054	176	483
MIE	22	78	82	302	83	311
SHIGA	21	65	42	138	36	138
KYOTO	29	*164	162	752	149	542
OSAKA	49	238	217	864	294	982
HYOGO	67	165	260	829	283	809
NARA	12	48	22	113	54	145
WAKAYAMA	25	122	96	392	60	245
TOTTORI	4	23	46	202	39	144
SHIMANE	NR	*18	NR	*98	NR	*63
OKAYAMA	27	128	78	513	97	473
HIROSHIMA	50	146	142	602	121	364
YAMAGUCHI	8	39	59	292	85	238
TOKUSHIMA	NR	31	NR	138	NR	421
KAGAWA	-	19	17	80	28	81
EHIME	9	36	57	261	47	210
KOCHI	3	19	38	148	15	91
FUKUOKA	-	225	33	1167	23	687
SAGA	8	35	95	*389	62	206
NAGASAKI	18	85	128	514	80	345
KUMAMOTO	51	69	60	317	63	246
OITA	NR	17	NR	252	NR	144
MIYAZAKI	4	*34	37	*184	15	*79
KAGOSHIMA	NR	*22	NR	*302	NR	*169

TOTAL	762	3401	3747	*17699	4483	*15332
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RATE						
Current	51.0	45.5	250.9	237.0	300.2	205.3
Previous	59.3		314.4		261.6	

Rates per 100,000 per Annum.

Rates based upon Census Population 1 Oct 1947.

Deaths Not Available.

*Cumulative figure adjusted for corrected and delayed reports.

NUMBER OF CASES AND CASE RATES OF
 VENEREAL DISEASES IN JAPAN
 FOR COMPARABLE PERIODS, 1947 and 1948.

DISEASES	Week Ending		Four Weeks Ending		Cumulative Number	
	31 Jan 1948	1 Feb 1947	31 Jan 1948	1 Feb 1947	for first 5 weeks 1948	1947
Number						
Chancroid	762	916	3122	3400	3401	3776
Gonorrhea	3747	3795	16245	14111	17699	15551
Syphilis	4483	2279	14250	8330	15332	9170
Rates						
Chancroid	51.0	61.2	52.3	56.8	45.5	50.5
Gonorrhea	250.9	253.7	271.9	235.8	237.0	207.9
Syphilis	300.2	152.4	238.5	139.2	205.3	122.6

Rates per 100,000 population per annum

1948 Rates based upon Census population 1 Oct 1947

1947 Rates based upon Estimated population 1 Jul 1947

DIGEST OF MONTHLY REPORT OF COMMUNICABLE DISEASE IN JAPAN
FOR THE FIVE WEEK PERIOD ENDING 31 JANUARY 1948

Communicable disease cases during the 5 week period ending 31 January 1948 numbered 50,037 for the 17 communicable diseases included in this report.* More than 90 percent of these cases were due to tuberculosis (21,350), pneumonia (17,451), whooping cough (3,627), measles (3,380) and influenza (469). The remaining 12 acute communicable diseases accounted for a total of 3,760 cases and 392 deaths. More than half of these were due to diphtheria (2,065 cases and 236 deaths). The January incidence rate remained about the same or declined from the December levels for all acute communicable diseases except scarlet fever and epidemic meningitis. Case rates in January 1948 were lower than case rates in January 1947 for all acute communicable diseases except scarlet fever. (It should be noted that January 1948 included 5 weeks whereas January 1947 and December 1947 included only 4 weeks. Only rates, therefore, may be compared).

Diphtheria usually reaches a peak in November or December and declines thereafter until late summer. In January 1948 diphtheria case and death rates per 100,000 population per annum were 27.7 and 3.2 respectively compared with 33.9 and 4.1 in December 1947. In January 1947 the case and death rates were 47.0 and 4.4 respectively. The current rates are the lowest rates recorded for January in the past 11 years.

Dysentery customarily reaches its lowest point of the year in January or February. The case and death rates dropped from 4.2 and 2.4 respectively in December 1947 to 1.9 and 0.5 respectively in January 1948. These were the lowest monthly rates recorded for dysentery during the past 11 years. The case and death rates in January 1947 were 3.9 and 1.1.

Typhoid fever ordinarily reaches its highest incidence rate in the fall of the year and declines to a low in the first three months of the next year. This year the typhoid fever case and death rates declined from 11.7 and 1.7 respectively in December to 7.4 and 0.8 in January 1948. As in the case of dysentery, these are the lowest monthly rates recorded in the past 11 years. The case and death rates for January 1947 were 18.4 and 1.8. Until this year the January 1947 rates were the lowest recorded for that month during the 10 year period for which monthly data were available.

Paratyphoid fever follows much the same seasonal pattern as typhoid fever. The case and death rates in January 1948 were 2.5 and 0.1 compared with 3.4 and 0.1 in December 1947. In January 1947 the case and death rates were 3.7 and 0.2. The current incidence rate was the lowest recorded for January in the past 8 years.

There were 2 cases of smallpox reported in January compared with 1 case in December. There were no deaths reported in either month. In January 1947 there were 67 cases and 5 deaths. The current case and death rates of 0.03 and 0.0 respectively are the lowest rates recorded for the month of January in 10 years.

Although the incidence of typhus fever is frequently higher in January than in December, the case rate this year declined slightly from 1.5 in December to 1.3 in January while the death rate (0.1) remained the same. The case and death rates in January 1947 were 4.0 and 0.2.

Malaria continued to decline. The case rate dropped from 4.8 to 3.6 in January while the death rate declined from 0.02 to 0.0. In January 1947 the case and death rates were 10.6 and 0.02 respectively.

In January 1948, the scarlet fever case rate (3.8) was slightly higher than in December (3.0) although the death rate (0.03) was lower than in December (0.1). A large part of the increase was recorded in Hokkaido where there were 94 cases representing a rate of 25.5 in January compared with 31 cases with a rate of 10.9 in December. In January 1947 the case and death rates were 3.0 and 0.02 respectively.

As in previous years, epidemic meningitis showed a slight increase in January. The current case and death rates were 2.1 and 0.5 respectively compared with 1.6 and 0.5 in December. In January 1947 the case and death rates were 2.6 and 0.5.

There were no cases or deaths reported for suspect Japanese "B" encephalitis in January compared with 7 cases and no deaths in December. In the corresponding month last year 1 suspect case and 2 deaths were reported.

There was no cholera or plague reported currently or in any month of 1947.

For the first time there are included in this report monthly data by prefecture on the incidence of measles, whooping cough, tuberculosis, pneumonia and influenza. Data on deaths from these diseases are not available. Care should be exercised in using these figures since reporting of these diseases is still somewhat irregular. Some prefectural totals, therefore, do not actually include reports for all 5 weeks of the period covered.

The case rate for measles declined slightly from 46.9 in December to 45.3 in January. The whooping cough case rate dropped 8 percent from 52.8 to 48.6 in January. Despite the fact that this was a winter period the tuberculosis case rate fell 15 percent from 336.8 in December to 285.9 in January. The two remaining respiratory diseases, pneumonia and influenza, however, exhibited the expected seasonal increase. In January the pneumonia case rate (233.7) was approximately 25 percent higher than the December rate (184.3). The case rate for influenza rose from 4.6 in December to 6.3 in January.

In addition to the above diseases this report includes for the first time a monthly prefectural summary of the incidence of venereal diseases. The January case rate for syphilis (205.3) was slightly less than in December (207.8). In January 1947 the syphilis rate was 115.2. The gonorrhea case rate declined from 261.6 in December to 237.0 in January 1948. In January 1947 it was 196.5. The chancroid case rate in January 1948 was 45.5 compared with 51.8 in December 1947 and 47.8 in January 1947. It should be noted that all venereal disease rates in January 1948 were less than in December 1947 but this may be the result of less activity in case finding and reporting during the holiday season. The January 1948 case rates for gonorrhea and syphilis, on the other hand, were higher than the rates for January 1947. It is probable that this derives from more complete reporting as well as more efficient case finding currently than last year.

* These diseases include 12 acute communicable diseases and 5 other reportable communicable diseases. The acute communicable diseases are diphtheria, dysentery, typhoid fever, paratyphoid fever, smallpox, typhus fever, malaria, cholera, scarlet fever, epidemic meningitis, Japanese "B" encephalitis, and plague. The 5 other reportable communicable diseases included here are measles, whooping cough, tuberculosis, pneumonia and influenza.

SUMMARY REPORT OF CASES AND DEATHS FROM
COMMUNICABLE DISEASES IN JAPAN

5 WEEK PERIOD ENDING 31 JAN 48

N - Number

R - Rate

PREFECTURE	DIPHTHERIA				DYSENTERY			
	Cases		Deaths		Cases		Deaths	
	(N)	(R)	(N)	(R)	(N)	(R)	(N)	(R)
HOKKAIDO	185	50.2	32	8.7	7	1.9	3	0.8
AOMORI	19	16.8	2	1.8	1	0.9	-	-
IWATE	48	39.8	7	5.8	2	1.7	1	0.8
MIYAGI	54	36.1	1	0.7	1	0.7	-	-
AKITA	78	64.9	8	6.7	1	0.8	-	-
YAMAGATA	32	25.0	3	2.3	18	14.1	-	-
FUKUSHIMA	15	7.9	2	1.0	-	-	-	-
IBARAKI	30	15.6	-	-	3	1.6	1	0.5
TOCHIGI	49	33.4	6	4.1	3	2.0	-	-
GUMMA	44	29.3	7	4.7	3	2.0	1	0.7
SAITAMA	47	23.4	3	1.5	2	1.0	-	-
CHIBA	13	6.4	-	-	-	-	-	-
TOKYO	107	22.4	12	2.5	24	5.0	7	1.5
KANAGAWA	54	25.5	8	3.8	8	3.8	5	2.4
NIIGATA	109	47.1	10	4.3	3	1.3	-	-
TOYAMA	13	13.9	3	3.2	1	1.1	-	-
ISHIKAWA	45	50.8	6	6.8	-	-	-	-
FUKUI	8	11.5	2	2.9	-	-	-	-
YAMANASHI	7	9.1	-	-	2	2.6	-	-
NAGANO	62	31.5	3	1.5	7	3.6	-	-
GIFU	9	6.3	3	2.1	2	1.4	-	-
SHIZUOKA	35	15.6	6	2.7	4	1.8	1	0.4
AICHI	51	17.1	3	1.0	6	2.0	1	0.3
MIE	35	25.8	1	0.7	-	-	-	-
SHIGA	11	13.4	-	-	1	1.2	-	-
KYOTO	34	20.4	7	4.2	11	6.6	2	1.2
OSAKA	42	13.2	4	1.3	3	0.9	1	0.3
HYOGO	60	20.5	8	2.7	5	1.7	-	-
NARA	12	16.1	2	2.7	-	-	-	-
WAKAYAMA	13	14.2	-	-	2	2.2	2	2.2
TOTTORI	9	16.0	-	-	-	-	-	-
SHIMANE	38	44.4	6	7.0	-	-	-	-
OKAYAMA	33	21.3	2	1.3	1	0.6	-	-
HIROSHIMA	57	29.6	2	1.0	2	1.0	-	-
YAMAGUCHI	22	15.5	1	0.7	2	1.4	1	0.7
TOKUSHIMA	8	9.8	1	1.2	-	-	-	-
KAGAWA	8	9.1	2	2.3	2	2.3	2	2.3
EHIME	76	54.7	12	8.6	2	1.4	2	1.4
KOCHI	23	28.4	3	3.7	-	-	-	-
FUKUOKA	127	41.8	14	4.6	4	1.3	1	0.3
SAGA	94	107.2	7	8.0	2	2.3	1	1.1
NAGASAKI	72	49.2	9	6.1	5	3.4	-	-
KUMAMOTO	25	14.8	1	0.6	1	0.6	-	-
OITA	54	45.8	16	13.6	1	0.8	9	7.6
MIYAZAKI	60	61.2	5	5.1	1	1.0	-	-
KAGOSHIMA	38	22.8	6	3.6	1	0.6	-	-

*Jan 1948	2065	27.7	236	3.2	144	1.9	41	0.5
**Dec 1947	2027	33.9	243	4.1	251	4.2	145	2.4
**Jan 1947	2810	47.0	262	4.4	232	3.9	66	1.1

Rates per 100,000 per Annum

1948 Rates based upon census population 1 Oct 1947

1947 Rates based upon estimated population 1 Jul 1947

* 5 Week periods

** 4 Week periods

PREFECTURE	TYPHOID				PARATYPHOID			
	Cases		Deaths		Cases		Deaths	
	(N)	(R)	(N)	(R)	(N)	(R)	(N)	(R)
HOKKAIDO	14	3.8	3	0.8	5	1.4	1	0.3
AOMORI	2	1.8	-	-	-	-	-	-
IWATE	2	1.7	-	-	-	-	-	-
MIYAGI	4	2.7	-	-	3	2.0	-	-
AKITA	1	0.8	-	-	-	-	-	-
YAMAGATA	5	3.9	1	0.8	1	0.8	-	-
FUKUSHIMA	15	7.9	2	1.0	4	2.1	1	0.5
IBARAKI	15	7.8	2	1.0	1	0.5	-	-
TOCHIGI	6	4.1	2	1.4	3	2.0	-	-
GUMMA	10	6.6	1	0.7	3	2.0	-	-
SAITAMA	17	8.5	2	1.0	5	2.5	-	-
CHIBA	24	11.9	-	-	2	1.0	-	-
TOKYO	74	15.5	8	1.7	48	10.0	-	-
KANAGAWA	43	20.3	3	1.4	20	9.4	-	-
NIIGATA	22	9.5	-	-	10	4.3	1	0.4
TOYAMA	2	2.1	-	-	1	1.1	1	1.1
ISHIKAWA	1	1.1	-	-	2	2.3	-	-
FUKUI	5	7.2	1	1.4	-	-	-	-
YAMANASHI	2	2.6	-	-	6	7.8	-	-
NAGANO	3	1.5	-	-	2	1.0	-	-
GIFU	35	24.5	4	2.8	7	4.9	-	-
SHIZUOKA	24	10.7	2	0.9	11	4.9	1	0.4
AICHI	20	6.7	-	-	9	3.0	-	-
MIE	19	14.0	1	0.7	6	4.4	-	-
SHIGA	3	3.7	1	1.2	2	2.4	-	-
KYOTO	13	7.8	1	0.6	2	1.2	-	-
OSAKA	14	4.4	3	0.9	2	0.6	-	-
HYOGO	18	6.2	3	1.0	1	0.3	-	-
NARA	4	5.4	-	-	-	-	-	-
WAKAYAMA	15	16.3	2	2.2	-	-	-	-
TOTTORI	5	8.9	-	-	1	1.8	1	1.8
SHIMANE	7	8.2	-	-	1	1.2	-	-
OKAYAMA	11	7.1	-	-	2	1.3	-	-
HIROSHIMA	17	8.8	1	0.5	4	2.1	-	-
YAMAGUCHI	1	0.7	-	-	2	1.4	1	0.7
TOKUSHIMA	6	7.3	1	1.2	1	1.2	-	-
KAGAWA	7	8.0	2	2.3	-	-	1	1.1
EHIME	8	5.8	1	0.7	5	3.6	-	-
KOCHI	10	12.3	2	2.5	2	2.5	-	-
FUKUOKA	18	5.9	5	1.6	8	2.6	-	-
SAGA	1	1.1	-	-	1	1.1	-	-
NAGASAKI	12	8.2	3	2.0	-	-	-	-
KUMAMOTO	1	0.6	-	-	1	0.6	-	-
OITA	8	6.8	-	-	-	-	-	-
MIYAZAKI	8	8.2	1	1.0	3	3.1	-	-
KAGOSHIMA	1	0.6	-	-	-	-	-	-

*Jan 1948	553	7.4	58	0.8	187	2.5	8	0.1
**Dec 1947	698	11.7	99	1.7	201	3.4	7	0.1
**Jan 1947	1100	18.4	110	1.8	224	3.7	11	0.2

Rates per 100,000 per Annum
1948 Rates based upon census population 1 Oct 1947.
1947 Rates based upon estimated population 1 Jul 1947

* 5 Week Period
** 4 Week period

Monthly Report - 31 January 1948
Continued

N - Number
R - Rate

PREFECTURE	MALARIA				CHOLERA			
	Cases		Deaths		Cases		Deaths	
	(N)	(R)	(N)	(R)	(N)	(R)	(N)	(R)
HOKKAIDO	6	1.6	-	-	-	-	-	-
AOMORI	4	3.5	-	-	-	-	-	-
IVATE	3	2.5	-	-	-	-	-	-
MIYAGI	3	2.0	-	-	-	-	-	-
AKITA	2	1.7	-	-	-	-	-	-
YAMAGATA	1	0.8	-	-	-	-	-	-
FUKUSHIMA	3	1.6	-	-	-	-	-	-
IBARAKI	7	3.6	-	-	-	-	-	-
TOCHIGI	4	2.7	-	-	-	-	-	-
GUMMA	4	2.7	-	-	-	-	-	-
SAITAMA	1	0.5	-	-	-	-	-	-
CHIBA	1	0.5	-	-	-	-	-	-
TOKYO	19	4.0	-	-	-	-	-	-
KANAGAWA	16	7.5	-	-	-	-	-	-
NIIGATA	4	1.7	-	-	-	-	-	-
TOYAMA	2	2.1	-	-	-	-	-	-
ISHIKAWA	2	2.3	-	-	-	-	-	-
FUKUI	-	-	-	-	-	-	-	-
YAMAGUCHI	-	-	-	-	-	-	-	-
NAGANO	-	-	-	-	-	-	-	-
GIFU	6	4.2	-	-	-	-	-	-
SHIZUOKA	2	0.9	-	-	-	-	-	-
AICHI	6	2.0	-	-	-	-	-	-
MIE	8	5.9	-	-	-	-	-	-
SHIGA	9	11.0	-	-	-	-	-	-
KYOTO	-	-	-	-	-	-	-	-
OSAKA	8	2.5	-	-	-	-	-	-
HYOGO	5	1.7	-	-	-	-	-	-
NARA	-	-	-	-	-	-	-	-
WAKAYAMA	3	3.3	-	-	-	-	-	-
TOTTORI	3	5.3	-	-	-	-	-	-
SHIMANE	2	2.3	-	-	-	-	-	-
OKAYAMA	3	1.9	-	-	-	-	-	-
HIROSHIMA	4	2.1	-	-	-	-	-	-
YAMAGUCHI	27	19.1	-	-	-	-	-	-
TOKUSHIMA	4	4.9	-	-	-	-	-	-
KAGAWA	3	3.4	-	-	-	-	-	-
EHIME	12	8.6	-	-	-	-	-	-
KOCHI	1	1.2	-	-	-	-	-	-
FUKUOKA	39	12.8	-	-	-	-	-	-
SAGA	4	4.6	-	-	-	-	-	-
NAGASAKI	7	4.8	-	-	-	-	-	-
KUMAMOTO	3	1.8	-	-	-	-	-	-
OITA	17	14.4	-	-	-	-	-	-
MIYAZAKI	2	2.0	-	-	-	-	-	-
KAGOSHIMA	7	4.2	-	-	-	-	-	-
* JAN 1948	267	3.6	0	0.0	0	0.0	0	0.0
** DEC 1947	290	4.8	1	0.02	0	0.0	0	0.0
** JAN 1947	635	10.6	1	0.02	0	0.0	0	0.0

Rates per 100,000 per Annum

1948 Rates based upon Census Population 1 Oct 1947

1947 Rates based upon estimated population 1 Jul 1947

* 5 week period

** 4 week periods

Monthly Report - 31 January 1948
Continued

N - Number
R - Rate

PREFECTURE	SMALLPOX				TYPHUS FEVER			
	Cases		Deaths		Cases		Deaths	
	(N)	(R)	(N)	(R)	(N)	(R)	(N)	(R)
HOKKAIDO	2	0.5	-	-	3	0.8	3	0.8
AOMORI	-	-	-	-	3	2.7	-	-
IWATE	-	-	-	-	-	-	-	-
MIYAGI	-	-	-	-	-	-	-	-
AKITA	-	-	-	-	-	-	-	-
YAMAGATA	-	-	-	-	-	-	-	-
FUKUSHIMA	-	-	-	-	-	-	-	-
IBARAKI	-	-	-	-	-	-	-	-
TOCHIGI	-	-	-	-	-	-	-	-
GUUMA	-	-	-	-	-	-	-	-
SAITAMA	-	-	-	-	2	1.0	-	-
CHIBA	-	-	-	-	1	0.5	-	-
TOKYO	-	-	-	-	29	6.1	1	0.2
KANAGAWA	-	-	-	-	5	2.4	1	0.5
NIIGATA	-	-	-	-	-	-	-	-
TOYAMA	-	-	-	-	2	2.1	-	-
ISHIKAWA	-	-	-	-	1	1.1	-	-
IYUKUI	-	-	-	-	-	-	-	-
YAMANASHI	-	-	-	-	-	-	-	-
NAGANO	-	-	-	-	-	-	-	-
GIFU	-	-	-	-	-	-	-	-
SHIZUOKA	-	-	-	-	-	-	-	-
AICHI	-	-	-	-	-	-	-	-
MIE	-	-	-	-	-	-	-	-
SHIGA	-	-	-	-	-	-	-	-
KYOTO	-	-	-	-	-	-	-	-
OSAKA	-	-	-	-	24	7.5	2	0.6
HYOGO	-	-	-	-	-	-	-	-
NARA	-	-	-	-	3	4.0	-	-
WAKAYAMA	-	-	-	-	-	-	-	-
TOTTORI	-	-	-	-	-	-	-	-
SHIMANE	-	-	-	-	3	3.5	-	-
OKAYAMA	-	-	-	-	-	-	-	-
HIROSHIMA	-	-	-	-	5	2.6	-	-
YAMAGUCHI	-	-	-	-	-	-	-	-
TOKUSHIMA	-	-	-	-	-	-	-	-
KAGAWA	-	-	-	-	2	2.3	-	-
EHIME	-	-	-	-	-	-	-	-
KOCHI	-	-	-	-	-	-	-	-
FUKUOKA	-	-	-	-	-	-	-	-
SAGA	-	-	-	-	-	-	-	-
NAGASAKI	-	-	-	-	12	8.2	2	1.4
KUMAMOTO	-	-	-	-	1	0.6	-	-
OITA	-	-	-	-	-	-	-	-
MIYAZAKI	-	-	-	-	-	-	-	-
KAGOSHIMA	-	-	-	-	-	-	-	-

*Jan 1948	2	0.03	0	0.0	96	1.3	9	0.1
**Dec 1947	1	0.02	0	0.0	88	1.5	5	0.1
**Jan 1947	67	1.1	5	0.1	240	4.0	13	0.2

Rates per 100,000 per Annum
1948 Rates based upon Census population 1 Oct 1947
1947 Rates based upon estimated population 1 Jul 1947

* 5 Week period
** 4 Week period

PREFECTURE	SCARLET FEVER				EPID. MENINGITIS				J. B ENCEPHALITIS (SUSPECTS)			
	Cases		Deaths		Cases		Deaths		Cases		Deaths	
	(N)	(R)	(N)	(R)	(N)	(R)	(N)	(R)	(N)	(R)	(N)	(R)
HOKKAIDO	94	25.5	-	-	23	6.2	3	-0.8	-	-	-	-
AOMORI	2	1.8	-	-	4	3.5	1	0.9	-	-	-	-
IWATE	2	1.7	-	-	-	-	-	-	-	-	-	-
MIYAGI	6	4.0	-	-	9	6.0	-	-	-	-	-	-
AKITA	1	0.8	-	-	6	5.0	1	0.8	-	-	-	-
YAMAGATA	4	3.1	-	-	2	1.6	-	-	-	-	-	-
FUKUSHIMA	1	0.5	-	-	6	3.1	-	-	-	-	-	-
IBARAKI	3	1.6	-	-	3	1.6	-	-	-	-	-	-
TOCHIGI	-	-	-	-	-	-	-	-	-	-	-	-
GUMMA	2	1.3	-	-	3	2.0	2	1.3	-	-	-	-
SAITAMA	4	2.0	-	-	2	1.0	-	-	-	-	-	-
CHIBA	-	-	-	-	-	-	-	-	-	-	-	-
TOKYO	46	9.6	1	0.2	34	7.1	10	2.1	-	-	-	-
KANAGAWA	13	6.1	-	-	10	4.7	2	0.9	-	-	-	-
NIIGATA	1	0.4	-	-	5	2.2	2	0.9	-	-	-	-
TOYAMA	1	1.1	-	-	1	1.1	-	-	-	-	-	-
ISHIKAWA	-	-	-	-	1	1.1	1	1.1	-	-	-	-
FUKUI	-	-	-	-	-	-	-	-	-	-	-	-
YAMANASHI	1	1.3	-	-	-	-	-	-	-	-	-	-
NAGANO	7	3.6	-	-	3	1.5	1	0.5	-	-	-	-
GIFU	4	2.8	-	-	1	0.7	-	-	-	-	-	-
SHIZUOKA	8	3.6	1	0.4	7	3.1	1	0.4	-	-	-	-
AICHI	24	2.0	-	-	2	0.7	1	0.3	-	-	-	-
MIE	5	3.7	-	-	-	-	-	-	-	-	-	-
SHIGA	1	1.2	-	-	-	-	-	-	-	-	-	-
KYOTO	9	5.4	-	-	6	3.6	3	1.8	-	-	-	-
OSAKA	14	4.4	-	-	6	1.9	1	0.3	-	-	-	-
HYOGO	4	1.4	-	-	5	1.7	3	1.0	-	-	-	-
WAKAYAMA	2	2.2	-	-	1	1.1	-	-	-	-	-	-
TOTTORI	-	-	-	-	2	3.6	-	-	-	-	-	-
SHIMANE	1	1.2	-	-	-	-	-	-	-	-	-	-
OKAYAMA	2	1.3	-	-	2	1.3	1	0.6	-	-	-	-
HIROSHIMA	6	3.1	-	-	1	0.5	-	-	-	-	-	-
YAMAGUCHI	-	-	-	-	-	-	-	-	-	-	-	-
TOKUSHIMA	1	1.2	-	-	-	-	-	-	-	-	-	-
KAGAWA	2	2.3	-	-	1	1.1	-	-	-	-	-	-
EHIME	5	3.6	-	-	1	0.7	1	0.7	-	-	-	-
KOCHI	1	1.2	-	-	-	-	-	-	-	-	-	-
FUKUOKA	4	1.3	-	-	4	1.3	1	0.3	-	-	-	-
SAGA	-	-	-	-	1	1.1	-	-	-	-	-	-
NAGASAKI	1	0.7	-	-	1	0.7	-	-	-	-	-	-
KUMMOTO	1	0.6	-	-	3	1.8	1	0.6	-	-	-	-
OITA	1	0.8	-	-	-	-	-	-	-	-	-	-
MIYAZAKI	-	-	-	-	1	1.0	-	-	-	-	-	-
KAGOSHIMA	2	1.2	-	-	3	1.8	2	1.2	-	-	-	-
*JAN 1948	286	3.8	2	0.03	160	2.1	38	0.5	0	0.0	0	0.0
**DEC.1947	179	3.0	4	0.1	94	1.6	31	0.5	7	0.1	0	0.0
**JAN.1947	182	3.0	1	0.02	153	2.6	30	0.5	1	0.02	2	0.03

Rates per 100,000 per annum
1948 Rates based upon census population 1 Oct. 47
1947 Rates based upon estimated population 1 July 1947
* 5 weeks period
** week period
No plague

Monthly Report - 31 January 1948
Continued

N - Number
R - Rate

PREFECTURE	MEASLES		WHOOPIING COUGH		TUBERCULOSIS	
	Cases (N)	(R)	Cases (N)	(R)	Cases (N)	(R)
HOKKAIDO	179	48.6	202	54.8	1957	531.2
AOMORI	38	33.7	52	46.1	295	261.4
IWATE	150	124.3	145	120.2	726	601.8
MIYAGI	179	119.5	60	40.1	409	273.1
AKITA	61	50.7	96	79.8	525	436.6
YAMAGATA	21	16.4	46	36.0	273	213.7
FUKUSHIMA	31	16.3	116	60.9	420	220.4
IBARAKI	52	27.0	69	35.8	363	188.5
TOCHIGI	35	23.9	130	88.6	305	207.9
GUMMA	54	35.9	109	72.5	265	176.2
SAITAMA	2	1.0	72	35.9	304	151.4
CHIBA	-	-	28	13.9	239	118.3
TOKYO	27	5.6	240	50.2	1768	369.9
KANAGAWA	11	5.2	233	109.9	944	445.1
NIIGATA	59	25.5	109	47.1	399	172.5
TOYAMA	30	32.0	127	135.6	369	394.1
ISHIKAWA	25	28.2	92	103.8	382	430.8
FUKUI	91	131.0	38	54.7	100	144.0
YAMANASHI	16	20.7	80	103.6	216	279.8
NAGANO	115	58.4	107	54.3	547	277.7
GIFU	125	87.5	33	23.1	343	240.2
SHIZUOKA	46	20.4	71	31.6	519	230.7
AICHI	57	19.1	42	14.1	732	245.1
MIE	93	68.7	72	53.2	280	206.7
SHIGA	25	30.5	50	60.9	154	187.7
KYOTO	9	5.4	26	15.6	221	132.9
OSAKA	30	9.4	31	9.7	1184	371.2
HYOGO	27	9.2	31	10.6	656	224.5
NARA	-	-	4	5.4	160	214.5
WAKAYAMA	24	26.1	40	43.6	150	163.4
TOTTORI	80	142.4	17	30.3	260	462.7
SHIMANE	37	43.3	83	97.0	251	293.5
OKAYAMA	32	20.7	46	29.7	123	79.4
HIROSHIMA	203	105.5	63	32.7	711	369.6
YAMAGUCHI	41	29.0	24	17.0	255	180.2
TOKUSHIMA	65	79.6	27	33.1	201	246.1
KAGAWA	68	77.5	20	22.8	169	192.6
EHIME	519	373.5	115	82.7	765	550.5
KOCHI	354	436.4	29	35.7	204	251.5
FUKUOKA	55	18.1	290	95.4	1542	507.5
SAGA	21	23.9	87	99.2	301	343.1
NAGASAKI	57	38.9	75	51.2	383	261.6
KUMAMOTO	76	45.0	57	33.7	217	128.4
OITA	27	22.9	68	57.6	257	217.8
MIYAZAKI	43	43.9	3	3.1	272	277.4
KAGOSHIMA	90	53.9	72	43.1	234	140.1

* Jan 1948	3380	45.3	3627	48.6	21350	285.9
**Dec 1947	2005	46.9	3162	52.8	20151	336.8
**Jan 1947	NA	NA	NA	NA	NA	NA

Rate per 100,000 per Annum.

1948 Rates based upon Census Population 1 October 1947.

1947 Rates based upon Estimated Population 1 July 1947.

NA- Not Available

* 5 Week Period

** 4 Week Period

Monthly Report - 31 January 1948
Continued

PREFECTURES	PNEUMONIA Cases		INFLUENZA Cases	
	N	R	N	R
HOKKAIDO	1281	347.7	23	6.2
AOMORI	213	188.8	4	3.5
IWATE	338	280.2	-	-
MIYAGI	426	284.5	1	0.7
AKITA	268	222.9	-	-
YAMAGATA	182	142.4	-	-
FUKUSHIMA	537	281.9	-	-
IBARAKI	813	422.3	-	-
TOCHIGI	350	238.6	1	0.7
GUMMA	417	277.3	7	4.7
SAITAMA	273	135.9	-	-
CHIBA	101	50.0	-	-
TOKYO	687	143.7	16	3.3
KANAGAWA	673	317.3	17	8.0
NIIGATA	232	100.3	1	0.4
TOYAMA	343	366.4	9	9.6
ISHIKAWA	410	462.4	2	2.3
FUKUI	106	152.6	14	20.2
YAMANASHI	180	233.2	-	-
NAGANO	476	241.7	7	3.6
GIFU	644	450.9	2	1.4
SHIZUOKA	441	196.0	2	0.9
AICHI	591	197.9	10	3.3
MIE	408	301.2	-	-
SHIGA	232	282.8	1	1.2
KYOTO	117	70.4	-	-
OSAKA	423	132.6	15	4.7
HYOGO	203	69.5	2	0.7
NARA	103	138.1	1	1.3
WAKAYAMA	465	506.5	34	37.0
TOTTORI	133	236.7	3	5.3
SHIMANE	444	519.1	4	4.7
OKAYAMA	122	78.8	8	5.2
HIROSHIMA	438	227.7	38	19.8
YAMAGUCHI	265	187.3	1	0.7
TOKUSHIMA	307	375.8	10	12.2
KAGAWA	162	184.6	6	6.8
EHIME	823	592.2	94	67.6
KOCHI	340	419.1	-	-
FUKUOKA	861	283.4	93	30.6
SAGA	428	487.9	5	5.7
NAGASAKI	318	217.2	-	-
KUMAMOTO	246	145.5	3	1.8
OITA	221	187.3	35	29.7
MIYAZAKI	115	117.3	-	-
KAGOSHIMA	295	176.6	-	-
* Jan 1948	17451	233.7	462	6.3
** Dec 1947	11027	184.3	274	4.6
** Jan 1947	NA	NA	NA	NA

Rate per 100,000 per Annum 1948 Rates based upon census population 1 Oct 1947
1947 Rates based upon estimated population 1 July 1947

* 5 week period

** 4 week period

Deaths not available

VENEREAL DISEASES IN JAPAN

5 Week Period Ending 31 Jan 48

PREFECTURE	CHANCROID		GONORRHEA		SYPHILIS	
	Number	Rates	Number	Rates	Number	Rates
HOKKAIDO	95	25.8	869	235.9	440	119.4
AOMORI	46	40.8	275	243.7	175	155.1
IWATE	17	14.1	80	66.3	97	80.4
MIYAGI	48	32.1	162	108.2	99	66.1
AKITA	15	12.5	219	182.1	226	187.9
YAMAGATA	6	4.7	74	57.9	108	84.5
FUKUSHIMA	37	19.4	243	127.5	182	95.5
IBARAKI	44	22.9	235	122.1	239	124.1
TOCHIGI	55	37.5	239	162.9	287	195.6
GUMMA	12	8.0	190	126.3	196	130.3
SAITAMA	40	19.9	178	88.6	177	88.1
CHIBA	42	20.8	281	139.1	384	190.1
TOKYO	191	40.0	1157	242.1	1696	354.9
KANAGAWA	278	131.1	1263	595.5	822	387.6
NIIGATA	52	22.5	252	109.0	1006	435.0
TOYAMA	33	35.2	257	274.5	275	294.8
ISHIKAWA	51	57.5	254	286.5	145	163.5
FUKUI	16	23.0	126	181.4	116	167.0
YAMANASHI	18	23.3	186	241.0	111	143.8
NAGANO	40	20.3	718	364.5	552	280.3
GIFU	43	30.1	283	198.1	140	98.0
SHIZUOKA	35	15.6	255	113.4	242	107.6
AICHI	361	120.9	1054	352.9	483	161.7
MIE	78	57.6	302	223.0	311	229.6
SHIGA	65	79.2	138	168.2	138	168.2
KYOTO	164	98.6	752	452.2	542	326.0
OSAKA	238	74.6	864	270.9	982	307.9
HYOGO	165	56.5	829	283.7	809	276.8
NARA	48	64.4	113	151.5	145	194.4
WAKAYAMA	122	132.9	392	427.0	245	266.9
TOTTORI	23	40.9	202	359.5	144	256.3
SHIMANE	18	21.0	98	114.6	63	73.7
OKAYAMA	128	82.6	513	331.2	473	305.4
HIROSHIMA	146	75.9	602	312.9	364	189.2
YAMAGUCHI	39	27.6	292	206.4	238	168.2
TOKUSHIMA	31	37.9	138	168.9	421	515.4
KAGAWA	19	21.6	80	91.2	81	92.3
EHIME	36	25.9	261	187.8	210	151.1
KOCHI	19	23.4	148	182.4	91	112.2
FUKUOKA	225	74.1	1167	384.1	687	226.1
SAGA	35	39.9	389	443.4	206	234.8
NAGASAKI	85	58.0	514	351.0	345	235.6
KUMAMOTO	69	40.8	317	187.5	246	145.5
OITA	17	14.4	252	213.6	144	122.1
MIYAZAKI	34	34.7	184	187.6	79	80.6
KAGOSHIMA	22	13.2	302	180.8	169	101.2
* Jan 1948	3401	45.5	17699	237.0	15332	205.3
** Dec 1947	3099	51.8	15655	261.6	12433	207.8
** Jan 1947	2860	47.8	11756	196.5	6891	115.2

	1948	1949	1950	1951	1952
Rates per 100,000 per annum	1948 Rates based upon census population 1 Oct 1947				
	1947 Rates based upon estimated population 1 July 47				

* 5 week period

** 4 week period

Deaths not available